



STATE OF INDIANA

Mitchell E. Daniels, Jr., Governor

R. Scott Waddell, Commissioner

AFFIDAVIT OF OWNERSHIP TITLE APPLICATION CHECKLIST

All Affidavit of Ownership (A of O) title applications are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application verify all required information is included. Contact (888) 692-6841 with any questions.

Customers who cannot obtain a properly executed certificate of title from a seller for a vehicle valued at \$5,000 or less may apply for a title through the A of O process by submitting the following documents:

- ☐ Completed and signed Application for Certificate of Title – State Form 44049
- ☐ Affidavit of Ownership for a Vehicle- State Form 23037
- ☐ Bill of Sale notarized or signed under penalty of perjury which indicates the vehicle's year, make, VIN, seller, purchaser, purchase price, and purchase date
- ☐ An unopened, unclaimed certified letter to the seller's last known address requesting the title. Note: If the letter is opened, the A of O application cannot be completed. Resend a second notice or seek a court order.
- ☐ A copy of the unopened letter, confirming request for title for the vehicle in question
- ☐ Physical Inspection of a Vehicle – State Form 39530. Must be completed by a law enforcement officer.
- ☐ Odometer Disclosure Statement – State Form 43230 (All trailers and motor vehicles over 16,000 lbs exempt.) Mileage will be branded "Not Actual".
- ☐ Lien release, if necessary. A certified letter to the lien holder may serve as proof of lien release, if applicable.
- ☐ Proof of Indiana Residency. Examples include an Indiana driver's license or ID card, utility bill dated within the past sixty (60) days, USPS change of address confirmation, or W-2. Visit mybmV.com for a complete list of acceptable documents.
- ☐ Proof of sales tax payment. Certificate of Gross Retail or Use Tax Paid–ST108 or Certificate of Gross Retail or Use Tax Exemption–ST108E, from dealer (if applicable)
- ☐ \$15 title application fee and 7% sales tax, if applicable. Payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$21.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on the Bill of Sale. Sales tax is 7% of the purchase price indicated on the Bill of Sale.

If the Bureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. For your convenience, the required forms are included with this checklist. The forms are also available at myBMV.com. Mail the completed packet to:

**Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204**

Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02)

Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.

I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.

VEHICLE IDENTIFICATION NUMBER

YR. MAKE MODEL TYPE DATE

INSPECTOR'S PRINTED NAME & TITLE CITY

INSPECTOR'S SIGNATURE BADGE, BRANCH OR DEALER PLATE NO.

X _____

X _____

DATE: _____

The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a **delinquent fee** for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. ***In accordance with Federal Code 383.**

1.	TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY			
2.	*SOC. SEC./FEDERAL I.D.NO.	APPLICANT'S NAME					BMV USE ONLY
3.	STREET ADDRESS		CITY		STATE	ZIP CODE	
4.	VEHICLE I.D. NUMBER	VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH TYPE	ODOMETER	
5.	FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO. BMV USE ONLY
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS		
7.	CITY	STATE	ZIP CODE		BMV USE ONLY		
8.	SECOND LIEN'S NAME				STREET ADDRESS		
9.	CITY	STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.							
10.	SELLING PRICE \$	LESS TRADE-IN * \$	AMOUNT SUBJECT TO TAX \$	AMOUNT OF TAX \$	DEALER	BRANCH	EXEMPT IF EXEMPT PLACE PARA.#

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

BUREAU - TO BE MAILED WITH TITLE REPORT



**BUREAU OF MOTOR VEHICLES
BILL OF SALE**

State Form 44237 (R / 2-99)

In consideration of \$ _____ the receipt of which
is hereby acknowledged,

(Seller)

hereby sells, transfers and conveys all rights in the following personal property:

Year	Make
Identification number	
Registration number (<i>watercraft only</i>)	
To: Name	
Street address	
City	
State	ZIP code

The seller certifies that the Vehicle / Watercraft is not subject to any security interest or lien that are the responsibility of the seller.

The seller has executed this Bill of Sale the _____ day of _____
and additionally makes the following statement:

I swear or affirm that the information I have entered on this form is correct.

I understand that making a false statement on this form may constitute the crime of perjury.

Name of seller
Name of seller
Name of seller
Name of seller



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

VEHICLE OR WATERCRAFT INFORMATION

Identification Number

☐ **NONE** (select if no identification number found)

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Year	Make	Model	Type	Plate Number / State	Watercraft Registration Number, if applicable
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For assembled vehicles or watercraft include serial numbers for major component parts if present:

Engine / Motor

Transmission

Body Chassis

Front Assembly

Rear Clip

Frame

Other (specify):

*IDACS / NCIC Check (required if form is completed by a police officer)

Date Check Performed (mm/dd/yyyy)

Comments

I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.

Signature of Inspector

Printed Name

Title

Date (mm/dd/yyyy)

Badge / Branch / Dealer Number

Police Department / Branch / Dealership

City

ZIP Code

Telephone Number

()

Email Address



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R / 2-97)

STATE OF INDIANA

BUREAU OF MOTOR VEHICLES

We, the undersigned, swear of affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at _____

PRINTED NAME OF SELLER(S)

_____ certify to the best of my knowledge

ADDRESS OF SELLER

that the odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is **NOT** the actual mileage.

WARNING - ODOMETER DISCREPANCY.

Vehicle make

Vehicle year

Vehicle identification number (VIN)

I will not hold the Commissioner of the Bureau of Motor Vehicles, employees of the Bureau of Motor Vehicles, License Branches or their employees in the State of Indiana responsible for any discrepancy shown on the odometer reading.

Signature of seller(s)

Date

PURCHASER'S INFORMATION

I am aware of the above odometer certification made by the seller(s).

Name of purchaser(s)

Signature of purchaser(s)

Address of purchaser

